

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 0-04				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-D-14-031			Contract Period 10/01/2014 To 09/30/2015 Base X Option Period Number			Title of Work Assignment/SF Site Name TITLE V OVERSIGHT				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 10/01/2014 To 09/30/2015				
Comments: THIS ACTION INITIATES WA 0-04 "TITLE V OPERATING PERMITS PROGRAM OVERSIGHT GUIDANCE DEVELOPMENT" WITH AN INITIAL LOE OF 100 HOURS FOR START UP WORK. THE CONTRACTOR SHALL SUBMIT A WORK PLAN AND COST ESTIMATE IN ACCORDANCE WITH THE CONTRACT TERMS AND CONDITIONS. I CERTIFY THAT THIS WORK ORDER DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations data use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period: Cost/Fee: LOE: 10/01/2014 To 09/30/2015										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: Cost/Fee: LOE:										
Cumulative Approved: Cost/Fee: LOE:										
Work Assignment Manager Name Lorraine Reddick							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number 202-564-1293			
Project Officer Name Lorraine Reddick							FAX Number:			
_____ (Signature) (Date)							Branch/Mail Code:			
Other Agency Official Name							Phone Number: 202-564-1293			
_____ (Signature) (Date)							FAX Number:			
Contracting Official Name Otelia Newsome							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 919-541-3164			
							FAX Number:			